

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6/93)

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CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT	
Anthony P. Sauer					Rehabilitation	
813-001-9785-001		CB1D NUMBER	DIVISION OR BUREAU			
		E99	Director's Office			
			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			721 Capitol Mall			(916) 558-5800
CITY	STATE	ZIP CODE				
			Sacramento CA 95814			

[illegible]

CLAIM TOTAL	\$ 392.25
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
Director's Office 001 - Presenter at the Western Region Disability Conference and guest speaker at the Center for Independent Living Event		(13) PRIVATE VEHICLE LICENSE NUMBER	
		(14) MILEAGE RATE CLAIMED \$0.550	
		AGENCY ACCOUNTING OFFICE USE ONLY	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		PAID BY REVOLVING FUND CHECK NUMBER	

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
> Original signed by Anthony Sauer		> Original signed by Luciana Profaca	

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See Item 17 on reverse)	DATE
✓	